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	MAR 1 7 2005	U.S. P	Patent and Tra	PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 ademark Office; U.S. DEPARTMENT OF COMMERCE	
Under the Paperwork	Reduction Act of 1995, no pere	Application Number	10/713,949	ermation unless it displays a valid OMB control number.	
TRANS	SMITTAL	Filing Date	November 1		
-	ORM	First Named Inventor	Robert A. Fa		
	7 • • • • • • • • • • • • • • • • • • •	Art Unit	3731		
(to be used for all corre:	espondence after initial filing)	Examiner Name	David Owen	n Reip	
Total Number of Pages in		Attorney Docket Number	4002-3445-F	PC295.12	
ENCLOSURES (Check all that apply)					
Fee Transmittal F		Drawing(s) Licensing-related Papers		After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences	
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	Address	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm Name Krieg DeVault, LLP					
Signature	Signature & Surgha M. Pollin				
Printed name Dougla	Printed name Douglas A. Collier				
Date March	n 11, 2005	F	Reg. No.	43,556	
CERTIFICATE OF TRANSMISSION/MAILING					
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature					

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March 11, 2005

Douglas A. Collier

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PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Panerwork Reduction Act of 1995, no Opt respond to a collection of information unless it displays a valid OMB control number TRADEMA Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/713.949 **Application Number** TRANSMIT Filing Date November 13, 2003 For FY 2005 First Named Inventor Robert A. Farris **Examiner Name** David Owen Reip Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3731 TOTAL AMOUNT OF PAYMENT (\$) 130.00 Attorney Docket No. 4002-3445/PC295.12 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) <u>Fee (\$)</u> Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 600 250 300 **Provisional** 200 100 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Multiple Dependent Claims Fee (\$) Fee Paid (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets Fee Paid (\$) Fee (\$) / 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Terminat Disclaimer 130.00 SUBMITTED BY

Signature

Registration No. (Attorney/Agent) 43,556

Rame (Print/Type) Douglas A. Collier

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Date March 11, 2005

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